

Travel Reimbursement

*Bay St. Louis – Waveland School District
201 Carroll Avenue
Bay St. Louis, MS 39520*

FOR AUDITING PURPOSES, A COPY OF THE AGENDA OR ANNOUNCEMENT FOR THE CONFERENCE, WORKSHOP, OR MEETING MUST BE ATTACHED IN ORDER FOR THIS FORM TO BE PROCESSED. ALL OUT OF DISTRICT TRAVEL MUST BE APPROVED IN ADVANCE BY YOUR PRINCIPAL OR IMMEDIATE SUPERVISOR AND A COPY OF THE APPROVED TRAVEL REQUEST MUST BE ATTACHED IN ORDER FOR YOUR EXPENSES TO BE REMIBURSED.

Name _____ School/Department: _____

Title _____

Date(s) of Trip _____

Place of Trip _____

Purpose of Trip: _____

REIMBURSEMENT COST

Travel Miles _____ x .505/Mile = _____
(Subject to Federal Regulation)

Registration (Attach Receipt) _____

Lodging (Attach Receipt) _____

Meals _____
(Reimburse up to \$ 31.00 per day
w/overnight travel w/attached receipts)

Other: _____

Total Reimbursement: _____

Requestor

Date

Principal or Supervisor

Date